Administrative

MEDICAL CLAIM FORM

Claim Ref:

Patient Name	: **JAHANGIR ALAM TAZUL ISLAM**	**Service Date**	:**24-Jul-2024**
Card No	: **I040-029-118710008-01**	**Health Provider**	:**CITICARE MEDICAL CENTER LLC**
Policy Holder	: **JAHANGIR ALAM TAZUL ISLAM**	**Doctor's Name**	:**Humaira**
Payer Name	: **UNION INSURANCE COMPANY**	**Co-Insurance**	:
TPA	: **E CARE - Blue Network**	**Remarks**	:
Validity	: **02-01-2024** To **01-01-2025**		
Gender	: **Male**		
Date Of Birth	: **20-Apr-1978**		
Patient's Tel No	: **971563093585**		

Network : Green

Direct Access SP - YES

CONSULTATION	LAB/RADIOLOGY	PHYSIO	PHARMACY	IP	MATERNITY	DENTAL
10% max	NIL	NIL	NIL LIMIT	NIL	10%	NA

☐ **Acute** ☐ **Pre-existing and chronic** ☐ **Maternity**

Chief Complaints : CO MUSCLE PAIN IN THE BACK SWEATING FOOT SWELLLINF MAY 2024 OE DEHYDRATED MUSCLE SWELLLING CHEST IS CLEAR NO ADDDED SOUNDS RESTLESS **Duration:**

Vitals: Temp : 36 Bp :90 Pulse :86 Resp :18

Clinical Findings:

Diagnosis: M62.830 - Muscle spasm of back,R22.43 - Localized swelling, mass and lump, lower limb, bilateral,E86.0 - Dehydration,E16.2 - Hypoglycemia, unspecified, **Date of Onset** :24/15/2024

Requested Investigations: 83036, HEMOGLOBIN GLYCOSYLATED A1C,84550, URIC ACID BLOOD,86431, RHEUMATOID FACTOR QUANTITATIVE,0102-111908-1001, SODIUM CHLORIDE B.P.,96360, HYDRATION IV INFUSION INIT,9, Consultation GP **Estimated Cost** :

Prescriptions: 2093-596002-0432 - (DICLOFENAC DIETHYLAMINE : 23.2 MG / G) GEL,0027-142201-0831 - (DICLOFENAC POTASSIUM : 50 MG) POWDER FOR SOLUTION,1217-373201-2401 - (TOLPERISONE : 150 MG) SUGAR COATED TABLETS, **Estimated Cost** :

MEDICAL PRACTITIONER DECLARATION :

I declare that I am the patient's medical practitioner and that the particulars given are to the best of my knowledge true and correct.

PATIENT'S DECLARATION :

I hereby authorize any Healthcare provider, Insurer, Employer or other organization to release any information regarding my medical condition & history for purpose of determining insurance benefits.

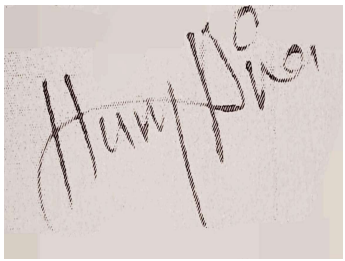
Dr's Name : Humaira

Stamp :

Patient 's signature{Parent if minor} :

Date : 24-Jul-2024

Signature :



Date : 24-Jul-2024